

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



Jody Dobbs 3436721

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 1:19-cv-00735
(Number to be assigned by Court)

McDowell county circuit court

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Stevens Correctional Center

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☐ No ☒

C. If you answer is YES:

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not: The facility administration has stated it has no authority to amend a sentence.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Jody Dobbs 3436721

Address: 795 Virginia Ave. Welch WV 24801

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: McDowell County Circuit Court

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On July 11th 2007 the Petitioner was convicted for
an October 2002 incident and subsequently incarcerated.
West Virginia code 62-12-26, which Provides for additional
supervision of sexual offenders, took effect in 2003.
West Virginia code 62-12-26 is clearly and unmistakably
Punative in nature and all Persons subjected thereto
have experienced what amounts to a de facto termination
of constitutionally Protected civil liberties. The McDowell

IV. Statement of Claim (continued):

County circuit court has retroactively applied
West Virginia code 62-12-26 to the Petitioner in clear
violation of Article 1, Section 10 United States Constitution,
Article 3, section 4 West Virginia constitution and an
important case law, West Virginia v. Jerry Deel W Va
600237 W Va 600.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Petitioner requests this court to nullify and make void
the order of supervised release which has been
retroactively applied to the Petitioner.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: Petitioner is unable to pay for
legal services.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No ☒

If so, state the lawyer's name and address:

Signed this 25th day of September, 2019.

Jody Dahls

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09-25-2019
(Date)

Jody Dahls

Signature of Movant/Plaintiff

Signature of Attorney
(if any)